

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$ 100.00
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
<input type="checkbox"/> <i>One</i>		7 TOTAL AMOUNT OF REFUND	\$ 100.00
		8 TO BE REFUNDED BY:	
<input type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	
9. <input type="checkbox"/> <i> -- </i>			
10 REASON:			
<input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		<i>Darrell Coffman</i>	
SIGNATURE:		<i>Darrell Coffman</i>	
12 OFFICE: *****			
13 THIS SPACE RESERVED FOR FINANCE USE ONLY:			
14 APPROVED:		15 DATE:	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B